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Doc. No. 233067 WEMMH/SB/05 (4/03)
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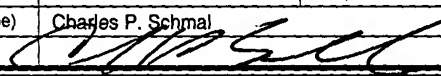
UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR § 1.53(b))</small>		Attorney Docket No. 4002-3365	
		First Inventor William F. McKay	
		Title OSTEOGENIC FUSION DEVICE	
		Express Mail Label No. EL 983134736 US	

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>		ADDRESS TO: Commissioner for Patents Mail Stop Patent Application P.O. Box 1450, Alexandria, VA 22313-1450	
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1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) <small>(submit an original and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. 3. <input checked="" type="checkbox"/> Specification [Total Pages 32] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference sequence listing, a table, or a computer program listing appendix or computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 7] <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal 5. Oath or Declaration [Total Pages 3] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</small> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> <input type="checkbox"/> CD-ROM or CD-R (2 copies); or <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies
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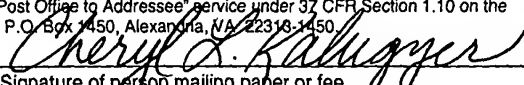
ACCOMPANYING APPLICATION PARTS	
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small> 17. <input type="checkbox"/> Other: _____	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: 09/581,335 Prior application information: Examiner: Bruce Edward Snow Group / Art Unit: 3738			
<small>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</small>			

19. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label 		or <input checked="" type="checkbox"/> Correspondence address below	
<small>(Insert Customer No. or Attach bar code label here)</small>			
Name	Woodard, Emhardt, Moriarty, McNett & Henry LLP		
Address	Bank One Center/Tower 111 Monument Circle, Suite 3700		
City	Indianapolis	State	IN
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		Fax	(317) 637-7561
Name (Print/Type)	Charles P. Schmal	Registration No. (Attorney/Agent)	45,082
Signature		Date	August 5, 2003

Express Mail Label Number EL 983134736 US	Date of Deposit August 5, 2003
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I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR Section 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Mail Stop Patent Application, P.O. Box 1450, Alexandria, VA 22313-1450.


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FEE TRANSMITTAL FOR FY 2003

Patent fees are subject to annual revision.

Complete if Known

Application Number **NEW Application**
Filing Date **August 4, 2003**
First Named Inventor **William F. McKay**
Group Art Unit **Unassigned**
Examiner Name **Unassigned**
Attorney Docket Number **4002-3365**

Total Amount of Payment **(\$)** 1566.00

METHOD OF PAYMENT

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number **23-3030**
Deposit Account Name **Woodard, Emhardt, Moriarty, McNett & Henry LLP**

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility Filing Fee	750.00
1002	330	2002	165	Design Filing Fee	
1003	520	2003	260	Plant Filing Fee	
1004	750	2004	375	Reissue Filing Fee	
1005	160	2005	80	Provisional Filing Fee	
SUBTOTAL (1)					(\$)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee From Below	Fee Paid
42	-20** = 22	X 18 =	396.00
Independent Claims	8	-3** = 5	X 84 =
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee (\$)
18	9	Claims in excess of 20
1201	2201	42
1203	2203	140
1204	2204	42
1205	2205	9

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES


Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1051	2051	130	65
1052	2052	50	25
1053	2053	130	130
1812	2520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	2251	110	55
1252	2252	410	205
1253	2253	930	465
1254	2254	1,450	725
1255	2255	1,970	985
1401	2401	320	160
1402	2402	320	160
1403	2403	280	140
1451	2451	1,510	1,510
1452	2452	110	55
1453	2453	1,300	650
1501	2501	1,300	650
1502	2502	470	235
1503	2503	630	315
1460	2460	130	130
1807	2807	50	50
1806	2806	180	180
8021	8021	40	40
1809	2809	750	375
1810	2810	750	375
1801	2801	750	375
1802	2802	900	900

Other Fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Name (Print/Type) **Charles P. Schmal** Registration No. **45,082** Telephone **(317) 634-3456**
Signature  Date **August 5, 2003**